

<i>SERFF Tracking Number:</i>	<i>AOIC-125757034</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DV5-AR-99-08/06/2008-54862</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Property</i>		
<i>Project Name/Number:</i>	<i>DV5/54862</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Commercial Property	SERFF Tr Num: AOIC-125757034	State: Arkansas
TOI: 01.0 Property	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)	Co Tr Num: DV5-AR-99-08/06/2008-54862	State Status: Fees verified and received
Filing Type: Form	Co Status: Approved	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Authors: Claudia Stewart, Drew Westen	Disposition Date: 08/07/2008
	Date Submitted: 08/06/2008	Disposition Status: Approved
Effective Date Requested (New): 09/14/2008		Effective Date (New): 09/14/2008
Effective Date Requested (Renewal): 09/14/2008		Effective Date (Renewal): 09/14/2008

State Filing Description:

General Information

Project Name: DV5	Status of Filing in Domicile: Authorized
Project Number: 54862	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/07/2008	
State Status Changed: 08/07/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
FORM FILING: 54862 (01-08) - False Pretense Coverage for Stock	

Use: Form will attach to Garage Property Plus Coverage Package. This form is not available outside of the Garage Property Plus Coverage Package. This form provides coverage for loss to "Stock" resulting from the voluntary parting

SERFF Tracking Number: AOIC-125757034 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: DV5-AR-99-08/06/2008-54862
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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with "Stock" if induced to do so by any fraudulent scheme, trick, device, or false pretense by someone other than your employee.

Revisions to the form include: Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after September 14, 2008.

If you have any questions, please feel free to contact one of the following:

Manager:

HEARD G. SLADE, MANAGER
TAILORED PROTECTION POLICY UNDERWRITING-SOUTH
SLADE.HEARD@AOINS.COM (emails without attachments)
commlinesund@aoins.net (emails with attachments)
517-323-1417 Ext. 1417

Underwriter:

ZACH SCHAAF
SCHAAF.ZACH@AOINS.COM
(517) 323-8892

Company and Contact

Filing Contact Information

Heard Slade, Manager
PO Box 30660
Lansing, MI 48909-8160
slade.heard@aoins.com
(800) 346-0346 [Phone]
(517) 391-1903[FAX]

Filing Company Information

SERFF Tracking Number: AOIC-125757034 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: DV5-AR-99-08/06/2008-54862
TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
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Project Name/Number: DV5/54862

Auto-Owners Insurance Company CoCode: 18988 State of Domicile: Michigan
P.O. Box 30660 Group Code: 280 Company Type: PC
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 38-0315280

Owners Insurance Company CoCode: 32700 State of Domicile: Ohio
P.O. Box 30660 Group Code: 280 Company Type: PC
Lansing, MI 48909-8160 Group Name: Auto-Owners Ins State ID Number:
Group
(800) 346-0346 ext. [Phone] FEIN Number: 34-1172650

<i>SERFF Tracking Number:</i>	<i>AOIC-125757034</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	08/06/2008	21811146
Owners Insurance Company	\$0.00	08/06/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/07/2008	08/07/2008

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Disposition

Disposition Date: 08/07/2008
Effective Date (New): 09/14/2008
Effective Date (Renewal): 09/14/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	False Pretense Coverage For Stock	Approved	Yes

SERFF Tracking Number:	AOIC-125757034	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	DV5-AR-99-08/06/2008-54862		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Property		
Project Name/Number:	DV5/54862		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	False Pretense Coverage For Stock	54862	01-08	Endorsement/Amendment/Conditions		0.00	54862 (01-08).pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FALSE PRETENSE COVERAGE FOR STOCK

This endorsement modifies insurance provided under the following:

**BUILDING AND PERSONAL PROPERTY COVERAGE FORM
CAUSES OF LOSS - SPECIAL FORM**

1. The BUILDING AND PERSONAL PROPERTY COVERAGE FORM is amended as follows:

- a. Under A. COVERAGE, 4. Additional Coverages**, the following additional coverage is added:

False Pretense Coverage For "Stock"

We will pay for "stock" that you or anyone else to whom you have entrusted the property has voluntarily parted with if induced to do so by any fraudulent scheme, trick, device or false pretense by someone other than your employee. This is not an additional amount of insurance.

- b. Under E. LOSS CONDITIONS, 5. Recovered Property** is deleted and replaced by the following:

5. Recovered "Stock"

If either you or we recover any "stock" after loss settlement, that party must give the other prompt notice. At your option, the "stock" will be returned to you. You must then return to us the amount we paid to you for the "stock". If the "stock" is recovered, our limit of liability for loss or

damage shall not exceed the actual cost and expense of recovering and returning the "stock" plus the cost of any actual repairs.

- c. Under E. LOSS CONDITIONS**, the following provision is added:

If a covered loss occurs under **False Pretense Coverage For "Stock"**, you must:

- (1)** As soon as practical after the loss, take all reasonable steps to have a warrant issued for the arrest of the person or persons perpetrating the loss; and
- (2)** Make every effort to recover the "stock" if it is located.

This coverage is not invalidated if a warrant is not issued, but you made all reasonable efforts to do so.

- 2. Under the CAUSES OF LOSS - SPECIAL FORM, B. EXCLUSIONS, 2., exclusion i.** is deleted as it applies to the coverage provided by this endorsement only.

All other policy terms and conditions apply.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/07/2008
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Comments:

Attachments:

54862 AR Trans 1.pdf
54862 AR Trans 2.pdf
54862 AR Trans 3.pdf

Property & Casualty Transmittal Document (Revised 1/1/08)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use Only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #
AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5. Company Tracking Number

Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Telephone #s	FAX #	E-mail
Heard G. Slade, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-323-1417 800-346-0346 Ext. 1417	(517) 391-1903	SLADE.HEARD@AOINS.COM

7. Signature of authorized filer	
8. Please print name of authorized filer	Heard G. Slade

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	1.0000 Property
10. Sub-Type of Insurance (Sub-TOI)	1.0001 Commercial
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	Commercial Property
13. Filing Type	FORM
14. Effective Date(s) Requested	September 14, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	August 15, 2008
19. Status of filing in domicile	

Property and Casualty Transmittal Document-

20. This filing transmittal is part of Company Tracking #

21. **Filing Description** [This area should be similar to the body of a cover letter and is free-form text]

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Revisions to the form include:

Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after September 14, 2008.

If you have any questions, please feel free to contact one of the following:

Manager:

HEARD G. SLADE, MANAGER
TAILORED PROTECTION POLICY UNDERWRITING-SOUTH
SLADE.HEARD@AOINS.COM (emails without attachments)
commmlinesund@aoins.net (emails with attachments)
517-323-1417

Underwriter:

ZACH SCHAAF
SCHAAF.ZACH@AOINS.COM
(517) 323-8892

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)

[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

Ed. 01/05

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) **Arkansas**

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number	

3.	Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01	False Pretense Coverage for Stock	54862 (01-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
02			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
03			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
04			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
05			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
06			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
07			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
08			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		
09			<input type="checkbox"/> New <input type="checkbox"/> Withdrawn <input type="checkbox"/> Replacement		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)